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Life Skills: An After School Program for Children with Down Syndrome

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LIFE SKILLS: AN AFTER SCHOOL PROGRAM FOR CHILDREN WITH DOWN
SYNDROME

by

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In partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

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This Scholarly Project, submitted by Allison Hendrickson and Kayla Korynta in partial fulfillment of the requirements for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the faculty advisor under whom the work has been completed and hereby approved.

Faculty Advisor

Date

PERMISSION

Title Life Skills: An After School Program For Children With Down Syndrome
Department Occupational Therapy
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ABSTRACT

Parents of a child born with Down syndrome often have concerns about their child's education, ability to live independently outside of the home, gain employment and have a means to support themselves, and their participation in social events within the community. Concerns also arise when parents are unsure about what professional will address these issues and help support their child in development. Occupational therapy is a unique discipline that offers a number of services to children with disabilities in the school system. These services begin at the age of 3 and continue until the child graduates or turns 21 and leaves the school system.

Upon an initial review of literature, it was found that there are very few programs that are focused and designed exclusively for children with Down syndrome. There are numerous programs designed to offer services to children with autism spectrum disorders, developmental disabilities, and other diagnosis affecting development. A further more extensive literature review found that there are many occupational therapists working within the school systems, however the majority of therapists are providing services to younger children and pre-school age children. Fewer occupational therapists were found to be involved in transition planning of adolescents, which is a crucial transition period for these individuals to adult life.

Occupational therapists can play a vital role in this transition process; however the knowledge and skills of occupational therapists are not being used to the maximum potential. The product of this project was the development of a manual that includes protocols to help occupational therapists establish a program that addresses transitional needs of adolescents with a diagnosis of Down syndrome.

The methodology for the development of this program manual consisted of an extensive review of current literature and resources, and exploration for current programs designed for this specific population. The manual contains a series of protocols with activities designed to help children with Down syndrome develop the necessary life skills in order to live independently.

This manual was designed for use by occupational therapists working within the school system. The protocols within the manual can be used to guide the therapist through a program that will help adolescents with Down syndrome develop life skills. The protocols were designed to cover four life skill areas with one area covered during each one of the four nine week grading periods of a school year; the therapist would meet with the student group on a weekly basis. The life skill areas included in the manual are: Employment, Home and Financial Management, Cooking, and Social Participation. The activity protocols include task descriptions, materials needed, and a step by step guide for the group session and activity.

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CHAPTER I

INTRODUCTION

Occupational therapists can play a vital role in the transition planning for a child with disabilities as they progress from early intervention to pre-school, to elementary school, to high school, and then to a post-secondary institution. The transition from high school to adult life is often the most crucial transition for adolescents with Down syndrome and their families (National Down Syndrome Society, 2009). However, school systems do not often use occupational therapists' skills and knowledge to the maximum capacity in transition planning. Based on literature reviewed in Chapter II of this document, this is especially evident in the role of occupational therapists in secondary education transition planning; the transition to adult life.

Following an extensive literature review, it was found that there are numerous programs that offer services for children with autism spectrum disorders, developmental disabilities and other diagnosis affecting development. There are a limited number of programs designed specifically for the Down syndrome population. Occupational therapy's involvement in early intervention has been discussed and researched heavily, however literature and information regarding occupational therapy's role in the crucial transition from high school to adult life is limited.

Chapter II is an extensive literature review that supports and illustrates the need for further research and programs designed to assist adolescents with Down syndrome in developing life skills necessary for independent living. The manual that is the product of this scholarly project is intended to be utilized by occupational therapists working in the school system. It is designed as a guide to assist therapists in establishing an after school program to facilitate the development of life skills for adolescents with Down syndrome who are transitioning from high school to adult life.

The Model of Human Occupation (Kielhofner, 2002) was used to guide the development of this manual. There are three primary concerns addressed by MOHO: motives, patterns, and performance. These are commonly known as volition, habituation, and performance capacity. Occupational therapists who follow MOHO seek to understand what motivates a person toward what they choose to do in their lives. MOHO also addresses the recurrent pattern of doing that makes up our everyday life. When individuals do things, they exhibit a range of capacity for occupational performance (Kielhofner, 2002).

The model of human occupation emphasizes that through therapy, persons are helped to engage in occupational behaviors that maintain, restore, reorganize, or develop their capacities, motives, and lifestyle. Through participation in therapeutic occupations, persons transform themselves into more adaptive and healthy beings (Kielhofner & Barrett, 2003).

MOHO also addresses the stages of change that persons move through in order to achieve occupational development. "Occupational development involves complex

processes of change in volition, habituation, and performance capacity. These changes result from the convergence of internal and external factors carried along by doing” (Kielhofner, 2002, p.145). This leads to the progression through the stages of change from exploration to competency to achievement. Exploration is when the individual begins to try new things and learns about their capacities, preferences and values. The competency stage of change is when the individual begins to solidify the new ways of doing that were initiated in the exploration stage. Achievement is the stage of change when the individual has the skills and habits that allow for full participation in new work, leisure activities, or activities of daily living (Kielhofner, 2002).

Also used during the development of this program was Marilyn B. Cole’s book *Group Dynamics in Occupational Therapy: The Theoretical Basis and Practice Application of Group Intervention, Third Edition* (2005). Cole’s 7-step format was used to guide the development of the life skills group sessions. This format was chosen as it is adapted for use with various frames of reference, including the model of human occupation. This format and method helps to increase participation, facilitate group interaction, reinforce learning, and assist in the application of the principles learned (Slack Incorporated, 2009). The seven steps used by Cole incorporate the concepts of the Occupational Therapy Practice Framework (American Occupational Therapy Association, 2008).

This document includes five chapters. This introductory chapter introduces the product with rationale supporting its’ development and the theory which was used to guide the development process. Chapter II is the literature review that explores and

investigates the following: the definition and related limitations and abilities of individuals diagnosed with Down syndrome, family involvement, educational programs and types of classrooms and other programs for children with special needs, evaluation and intervention of the child to determine the need for services; and occupational therapy's role in evaluation and intervention, service in early intervention and school based settings, and involvement in the high school to adult life transition. The methodology that was used for the development of the product of this scholarly project is described in Chapter III. The manual, *Life Skills: An After School Program For Children With Down Syndrome*, with protocols and activities for four, nine week sessions can be found in its entirety in Chapter IV. A summary of the project and recommendations for implementation of the program is included in Chapter V.

CHAPTER II

REVIEW OF LITERATURE

Parents of a child born with Down syndrome have concerns about their child's education, ability to live independently, gain employment and have a means to support themselves, and their social participation (Pueschel, 1988). Full inclusion and mainstream classroom settings emphasizes academic goals, resulting in the decreased training in life skills necessary for independent living (Hammon Kellegrew & Allen, 1996).

This manual was developed for occupational therapists working within the school system. *Life Skills: An After School Program For Children With Down Syndrome* is intended to guide the therapist with the implementation of a program that facilitates the development of life skills for children with Down syndrome. The life skills areas in this manual include: Employment, Home and Financial Management, Cooking, and Social Participation.

In order to have validity, this type of program needs to have its foundation from current research and literature. This chapter includes a review of literature to support the development of product of this scholarly project. This chapter focuses on literature that explores the following: the definition and related limitations and abilities of individuals diagnosed with Down syndrome, family involvement, educational programs and types of classrooms and other programs for children with special needs, evaluation and intervention of the child to determine the need for services; and occupational

therapy's role in evaluation and intervention, service in early intervention and school based settings, and involvement in the high school to adult life transition.

Down Syndrome

According to the National Down Syndrome Society (2009), Down syndrome affects one in every 733 live births, making it the most common genetic condition.

Trisomy 21, which is an extra copy of the 21st chromosome, is the most common form of Down syndrome. Down syndrome is a common cause of developmental disabilities affecting children, and also the most common diagnosable form of developmental disabilities (Cook Merrill & Mulligan 2003). Many children affected by developmental disabilities fail to achieve milestones at the appropriate age, have decreased or increased muscle tone, have decreased responsiveness to visual and auditory stimuli, delayed language skills, learning disabilities and motor delays. These are just a few problems associated with developmental delay (Cook Merrill & Mulligan, 2003).

There are several forms of trisomy disorders, including Down syndrome. Down syndrome results from trisomy of chromosome 21, causing approximately 95% of Down syndrome cases (Mattson Porth, 2005). Mosaic trisomy 21, 2-4% of all cases, is similar to the common trisomy 21, however in mosaic trisomy some cells have 46 chromosomes and others have 47 (Merrick, Kandel & Vardi, 2004). Children with this type of Down syndrome may exhibit all, some, or none of the characteristics of the syndrome (Paul, & Paul, 2008). Studies have found that children with mosaic Down syndrome typically score 10-30 points higher on IQ tests than children with translocation or Trisomy 21 Down syndrome (Fishler & Koch, 1991).

Another form of Down syndrome is translocation trisomy, 2-4% of cases, which occurs when material from chromosome 21 translocates onto another chromosome (Merrick, Kandel & Vardi, 2004). Characteristics of trisomy 21 are exhibited in this form of Down syndrome (Paul, & Paul, 2008). One third of all translocation Down syndrome cases are inherited by one of the parents, who is a carrier of the gene.

In the United States, there are more than 400,000 people of all races and economic levels living with Down syndrome. 80% of children with Down syndrome are born to women under the age of 35; however this is due to higher fertility rates of younger women (National Down Syndrome Society, 2009). There is a dramatic increase in prevalence of Down syndrome infants birthed to women aged 35 and older (Paul, & Paul, 2008). This is the only recognized factor contributing to Down syndrome.

Children with Down syndrome share distinctive physical features and often have mild to moderate mental retardation (Cook Merrill & Mulligan, 2003). Common features include: a small square shaped head, upward slanting eyes, small low set ears that are often malformed, a large protruding tongue from an open mouth, short stubby hands, and hypotonia at birth (Mattson Porth, 2005). Children with Down syndrome may also have a decreased responsiveness to visual and auditory stimuli, delayed language skills, and a varying severity of learning disabilities.

Along with distinctive physical features, there are medical complications that a child with Down syndrome may deal with in their life. Congenital heart defects affect two-thirds of all newborns born with Down syndrome (Roizen, 1997). These defects can

be detected by an echocardiogram. A complication of congenital heart disease is pulmonary vascular obstructive disease, which can lead to congestive heart failure.

Sensory impairments are also medical complications that may be prevalent in children with Down syndrome. Vision and hearing are the most common sensory problems. The most common vision disorders are: refractive errors, strabismus, nystagmus, blepharitis, tear duct obstruction, cataracts, and ptosis. Due to the increase in these disorders, it is important for the child with Down syndrome to have frequent eye examinations. Roizen (1997) reported that approximately two thirds of children with Down syndrome experience hearing loss. This hearing loss can be conductive, sensorineural, or both and can also be unilateral or bilateral. These children may also develop sleep apnea, due to enlarged tonsils and adenoids (Roizen, 1997).

Increased orthopedic problems are also common in children with Down syndrome. Subluxation of joints is common in children with Down syndrome, the most common being a partial dislocation of the upper spine, which is hypermobility between the C1-C2 vertebrae. This occurs in approximately 15% of children with Down syndrome. Symptoms of this particular subluxation include easy fatigability, difficulties with walking, abnormal gait, neck pain, limited neck mobility, torticollis, change in hand function, incoordination, sensory impairments, spasticity, and hyperreflexia (American Academy of Pediatrics, Committee on Sports Medicine and Fitness, 1995).

In study completed by Maatta, Tervo-Maatta, Taanila, Kaski, and Iivanainen (2006), the mental health, behavior, and intellectual abilities of people with Down syndrome were assessed. The researchers found that of the 121 individuals evaluated,

19% demonstrated mild intellectual disability, 30% demonstrated moderate intellectual disability, 33% demonstrated severe intellectual disability, and 18% demonstrated profound intellectual disability. According to the American Association on Intellectual and Developmental Disability (2010), intellectual disability was once known as mental retardation, is characterized as significant delays in intellectual functioning and adaptive behavior. This disability must be present before the age of 18 to qualify as intellectual disability. Adolescents with Down syndrome, who also have intellectual disability, may experience difficulty with daily living activities. Puseschel (1988) identified the following areas for a young person with Down syndrome in which they require support: communication and interaction, social integration and friendship, community participation, leisure education, vocational training and employment, continuing education, and sexuality and marriage. The amount of support required for success in each of these areas will be dependent upon the individuals' amount of intellectual disability.

Family Involvement

Planning for the birth of a child with Down syndrome requires increased focus on health insurance and planning for possible health conditions. Having a child with a disability often influences family members differently, depending on their stress and coping strategies (Hodapp, 2007). Often, in the home, family members are affected differently by the presence of a child with Down syndrome.

Hodapp (2007) completed a review of literature focusing on families of individuals with Down syndrome and the impact of having a child with Down syndrome.

The main finding of his literature review was that mothers, fathers, and siblings of individuals with Down syndrome cope better than do mothers, fathers, and siblings of individuals with other disabilities. Hodapp also found that there is a need to study marital, occupational, health, and educational aspects of family members of individuals with Down syndrome.

Cuskelly, Hauser-Cram, Van Riper (2008), completed an overview for *Down Syndrome Research and Practice*, about families of individuals with Down syndrome. The authors also highlighted issues that require further research; some of these issues include: the need for perspectives that are more balanced, greater attention to the father's experiences, more cross-cultural research, and increased attention to the change in demands for families. The overview included information on parental satisfaction and self-efficacy, family functioning, marital functioning, sibling impact, community connections, and interventions.

Parents of children with Down syndrome often experience a decreased sense of well-being when compared to parents with normally developing children of the same age. Parents want what is best for their children and this is no different for parents of children with Down syndrome. When compared to parents of children with other genetic disorders, it was found that parents of children with Down syndrome want their children involved in fully integrated classrooms and the children demonstrate increased academic and life achievements (Hodapp, 2007). When compared to parents of children who have developed typically, parents of a child with Down syndrome have increased difficulties during day-to-day life. When compared against other parents of children

with other disabilities, parents of children with Down syndrome experience fewer negative effects and more effects that are positive during daily living (Cuskelly, Hauser-Cram, Van Riper, 2008).

According to Hodapp (2007), the relationship between mother and child was the most frequently reviewed relationship that was studied by researchers examining family dynamics. Cuskelly, Hauser-Cram, and Van Riper (2008) believed this was because, in general, the mother takes on the primary care giving role for the child with Down syndrome. When compared with mothers of children with other developmental disabilities, it was found that mothers of a child with Down syndrome have better coping skills (Hodapp, 2007).

In a study by Lewis et al. (2006) comparing mothers of children with Fragile X syndrome and Down syndrome, data indicated that mothers of children with Down syndrome have an increased overall well-being. The researchers utilized several self-report measures such as the Center for Epidemiological Studies Depression Scale, the Positive Affect Index, and the Multidimensional Cope Inventory (COPE). This study data showed that mothers of children with Fragile X syndrome experience more challenges in their maternal physiological well-being than do mothers of children with Down syndrome. It was also found through the self-report measures that the mothers of children with Down syndrome coped better, experienced lesser levels of family conflict, and were less pessimistic towards their child (Lewis, et al., 2006).

When comparing the impact on a mother of having a child with Down syndrome to a father of a child with Down syndrome there are differences in the stressors. While

mothers often reported higher stress in regards to their parenting, fathers often reported stress relating to their feelings of attachment to their child (Cuskelly, Hauser-Cram, Van Riper, 2008). The concerns related to raising a child with Down syndrome varied significantly between the father and mother. Concerns expressed by mothers included the great need for family and social support, information on how to explain the child's condition to others, and help with childcare. Fathers concerns were more focused on the costs of childcare and how having a child with Down syndrome would influence the family (Hodapp, 2007).

According to the findings in a literature review performed by Hodapp (2007), sibling relationships are another important relationship in regards to family dynamics. The literature review showed that siblings of children with a disability experience greater depression, acting out, and negative consequences. When comparing siblings of a child with Down syndrome to siblings of a child with another disability, it was found that siblings of children with Down syndrome had increased empathy or appreciation for individual differences. The gender of the sibling was also found to make a difference in their involvement with their sibling with a disability. Hodapp found that female siblings show greater companionship, increased care giving, and positive affect towards their sibling with a disability. According to a web-based study, reviewed by Hodapp (2007), of 1,300 adult siblings, it was found that siblings of individuals with Down syndrome showed more contact per month and better relationships with these individuals versus siblings of individuals with autism and other disabilities.

Educational Programs

Legislation mandates that children with disabilities are provided services in the least restrictive environments within educational programs and facilities; full inclusion classrooms are the least restrictive environments for students with disabilities (Hammon Kellegrew & Allen, 1996). In 1975, Congress passed the Education of all Handicapped Children Act (EHA); this legislation mandates that states provide special education services to children with disabilities. States were required to provide special education and other related services for all eligible children with disabilities between the ages of 6-21. The 1986 amendments to this legislation added services for pre-school children between the ages 3-5, and also provided incentives for states to develop systems to provide early intervention services for children and their families (Jackson, 2007).

The EHA was reauthorized and renamed in 1990 and is now known as the Individuals with Disabilities Education Act (IDEA). IDEA added additional services, including assistive technology devices and services, transition services and also increased the focus, funds, and programs for children with emotional disturbances (Swinth, 2003). The 1997 Amendments increased the emphasis on access to the general education curriculum for students with disabilities. IDEA was reauthorized again in 2004, emphasizing results rather than progress in the general education classroom, preventing problems, and improving academic achievement and functional outcomes (Jackson, 2007).

IDEA has four parts (A-D); part A pertains to general provisions and part D to research and training (Swinth, 2003). Early intervention services for children, age's birth to 3 years, are covered in part C. Early intervention is an entitlement program, meaning

that it acknowledges one's right to the service. Part C is intended to provide support for states in the maintenance and implementation of comprehensive, multidisciplinary, interagency system of services for early intervention to children with disabilities and their families. Services and programs falling under part B are defined as mandated services. (Stephens & Tauber, 2005) Part B services are for children and adolescents, ages 3-21. Free, appropriate public education (FAPE) for all children with disabilities, no matter the severity of the disability, is an assurance of IDEA (Jackson, 2007).

For infants and toddlers to be eligible for services, under IDEA Part C, early intervention, they must undergo evaluation and meet criteria within certain categories. Services under IDEA Part C are based on three diagnostic categories. These categories are: *Established risk*: a diagnosis associated with developmental delay; *Developmental delay*: delay in one or more of the following areas: cognitive, motor to include vision and hearing, communication, social-emotional, and adaptive as determined by diagnostic instruments or clinical opinion; *At risk*: state discretion and refers to the risk for the occurrence of substantial delay unless early intervention services are provided to the child. The evaluation for eligibility is performed by an interdisciplinary team of professionals within 45 days after the identification of a child that is at risk for developmental delay and may benefit from early intervention (Stephens & Tauber, 2005). School programs for the eligible students between the ages of 3 and 21 are defined by Part B of IDEA. Eligibility under IDEA Part B involves performing an evaluation to determine whether the child has a disability and whether the child needs special education and related services because of the disability. A review of existing data

and a comprehensive evaluation is used to address all areas of suspected disability.

Upon completion of the evaluation, the team determines if the child meets criteria for being a child with disability under one of the 13 disability categories or developmental delay category, as described in the regulations of IDEA 2004 (Handley-More & Chandler, 2007).

Types of Classrooms & Other Programs

Throughout history, classroom environments for students with disabilities have changed from segregated classrooms, to mainstreaming students into general education classrooms, to the more recent full inclusion classrooms. In 1975, the Education of all Handicapped Children Act mandated that schools include children with disabilities and this lead to mainstreaming and full inclusion classrooms. Mainstreaming and full inclusion are similar in that they are both ways to integrate students with disabilities into the classroom, but they differ in respects to philosophy and implementation (Hammon Kellegrew & Allen, 1996).

The focus of mainstreamed settings is on the academic goals of the student. The mainstreaming of students is when the child with disabilities participates in the special education setting and only participates in the general education for a portion of the day. Special educators maintain the primary responsibility for the student's academic program (Heller, 1982). Before students begin to be mainstreamed, they are prepared with the prerequisite skills needed for success in an integrated classroom that focuses on academics (Buscalgia & Williams, 1979).

Full inclusion focuses not only on the academic progress of the student; it also incorporates social goals. Social relationships between students with and without disabilities are important for satisfactory classroom placements, and are commonly addressed in individualized education programs (IEP). The general education classroom is the primary placement for the child with disabilities. Services provided to the student occur in the natural environment for the students (Hammon Kellegrew & Allen, 1996). “In mainstreamed setting, the student is brought to the services. In full-inclusion practices, the services are brought to the student” (Hammon Kellegrew & Allen, 1996, p.719).

Hammon Kellegrew and Allen (1996) described the Moorpark Model which began at Moorpark Unified District in Moorpark, California. This school is known for beginning to fully include children with mild disabilities during the school year in 1988. The following year, Allen (1991) conducted a study of 42 students with mild disabilities in which they were included in nine general education classrooms throughout three elementary schools and compared the performance of the students in these classrooms to children in segregated special education classrooms in the district. The results of the outcome variables showed enhanced math, writing and behavior scores under the full inclusion condition, indicating improved performance. This program kept expanding and in 1995 began including children with mild to severe disabilities (Hammon Kellegrew & Allen, 1996).

Powell (1994) conducted a survey to gather information about demographics, roles, functions and tasks of occupational therapists in the school setting, the data from

the study could then be applied to curriculum development. Powell (1994) identified the following areas needed within educational programs, including: sensorimotor, object manipulation, perception, biomechanics, dressing, feeding, use of adaptive devices, positioning, seating and wheelchair use, and play and leisure skills. One of the findings concerning demographics was interesting as it was found that many students received individual sessions with an occupational therapist because of the push for inclusion classrooms and integrating students into educational settings. Glovak (2007) states, “children learn from their normally functioning peers” (pg. 22). Glovak described the use of integrated play groups (IPG) as a way for children with autism to learn from peers that are typically developing. The integrated play group (IPG) brought typically developing volunteers from the community (children wanting to learn to help others) and children with special needs into the same group play setting (Glovak, 2007). Glovak concluded that this type of group supports the push for full inclusion classrooms as it showed that children with disabilities do learn from typically developing peers.

Based on Glovak’s (2007) research, it appears that this type of group can bring benefits to both children with special needs and to typically developing children through the use of an interactive treatment. Children with special needs learn invaluable skills such as social skills, language skills, gross motor skills, and even increased motivation and confidence. Typically developing children learn acceptance of others whom are different, empathy, as well as the skills that other children are developing.

Evaluation & Intervention

The evaluation, performed by the multidisciplinary team, is used to determine a student's needs for access to the educational environment and assess the child's ability to perform within the school setting. Specific types of assessments are not required by IDEA, however, it is required that the evaluations assist in determining what services will best support the student's ability to meet general education outcomes. A variety of tools and strategies are used to gather information about the function and development of the child as it relates to their participation and progress in the educational curriculum (Stephens & Tauber, 2005). Evaluations are completed by the multidisciplinary team with each profession completing assessments and evaluations specific to their specialty area, and then contributing to intervention planning from the perspective unique to their scope of practice.

OT Role in Evaluation and Intervention

Occupational therapists are members of the multidisciplinary team responsible for evaluation and intervention planning. IDEA mandates occupational therapy services, as a related service, for students with disabilities to benefit from special education, under Part B, or as a primary service for young children with developmental delays, under Part C (Jackson, 2007). Occupational therapy brings a different perspective to the table during the evaluation, which is ongoing throughout interventions, and treatment planning process. "Occupational therapy practitioners apply theory, evidence, and skills regarding the therapeutic use of occupations to positively affect the client's health, well-being, and life satisfaction," (American Occupational Therapy Association, 2008, p. 642).

Occupational therapy evaluations assess strengths and weaknesses in the occupations of: activities of daily living (ADL's), instrumental activities of daily living (IADL's), education, work, play, leisure, and social participation. Performance skills, performance patterns, context, activity demands, and client factors are assessed by the occupational therapist as well. There are a number of assessments that can be used to evaluate a student to obtain information necessary to the development of an intervention plan. Some of these assessments include, but are not limited to: Adolescent/Adult Sensory Profile, Ages & Stages Questionnaire, Batelle Development Inventory, Beery VMI, Bruininks-Oseretsky Test of Motor Proficiency, Children's Handwriting Evaluation for Manuscript Writing, Denver II, and Developmental Test of Visual Perception-2, (Jackson, 2007).

Family resources, priorities and their concerns as they relate to the development of the child are also taken into account during the occupational therapy evaluation and intervention process (Stephens & Tauber, 2005). Occupational therapists have the knowledge relating to: identifying task demands, activity analysis, grading activities, and understanding how activities change throughout contexts and with age. An occupational therapist understands the importance of adapting environments and modifying tasks to promote participation and success through use of a client-centered approach. Occupational therapists in early intervention and school-based settings focus on sensory motor, cognitive, and communication/interaction skills and also on the child's ability to engage in meaningful occupations (Cook Merrill & Mulligan, 2003).

Occupational Therapy Service in Early Intervention & School Based Settings

A child with disabilities begins receiving early intervention services between the ages of birth to three years (Stephens & Tauber, 2005). Early intervention is defined as “a collection of services provided by public and private agencies and designed by law to support eligible children and families in enhancing a child's potential for growth and development from birth to age three,” (Utah Department of Health, ¶ 8).

Blackman (2002) stated the goal of early intervention is “to prevent or minimize the physical, cognitive, emotional, and resource limitations of young children disadvantaged by biological or environmental risk factors” (p.11). Early childhood and school-based practitioners must focus on developmental and school readiness, the student’s achievement and success in school as these are in line with IDEA (Jackson, 2007).

Occupational therapist can play a vital role in the transition planning for a child with disabilities as they progress from early intervention to pre-school, to elementary school, to high school, and then to a post-secondary institution. “As children make these transitions, the nature of their occupations changes, requiring the child and family to learn new skills, habits, and roles” (Myers, 2008, p.212). Jackson (2007) states that the long term goal of occupational therapists within a school based setting is to help children engage in the same occupations as their peers without disabilities.

Myers (2008) conducted a study describing the role of occupational therapists in the transition from early intervention to pre-school and pre-school to kindergarten for children with special needs. Of the 173 therapists surveyed, it was found that approximately 40% of therapists work in early intervention to pre-school transitions and

32% work in pre-school to kindergarten transition; however, these therapists reported not fully participating in the transition process. 81.8% of therapists working in early intervention reported that a service coordinator facilitated transition planning and 46.4% of therapists in pre-school settings reported the special education teacher or coordinator facilitated transition planning. Barriers reported to participation include: “not enough time,” not receiving support from their employer, lack of funding, and not invited to participate. Only 23% of the respondents reported having specialized training regarding transitioning. Others reported receiving information about transition planning from other therapists, workshops, and magazines or journals (Myers, 2008).

“Early childhood special education services are relevant only to the child’s educational needs, which may limit family participation and the types of occupations addressed in intervention” (Myers, 2008, p.213). Evaluation was identified as the most used strategy identified by early intervention and pre-school therapists, however working with family should also be a strategy for therapists (Myers, 2008).

Powell (1994) conducted a survey of 136 occupational therapists working within the Michigan school systems. 90% of the respondents in Powell’s study worked in public schools with service rendered to pre-schoolers and young children. Occupational therapy services can take place in varying physical locations within a school setting. Powell (1994) found that 41% of therapists conducted therapy in a special therapy room and 13% provided treatment in a classroom. Therapists also reported providing one-to-one therapy with the students in 77% of cases and 29% were involved in providing

group service for students, in which treatment was provided to more than one student at a time.

This data from Powell's study also showed the following interventions as being used most often and therefore seen as needed in educational programs: sensorimotor, object manipulation, perception, biomechanics, dressing feeding, use of adaptive and assistive devices, content related to positioning, seating, and wheelchair use, and play and leisure skills (Powell, 1994). This shows that neurophysiological approaches and assessments as the most needed and used with students within educational programs.

Powell (1994) found a high percentage of occupational therapists working in a school system with the majority providing services to pre-school and young children. Myers (2006) reported a combined total of 72% of therapists from the study worked in early intervention to pre-school and pre-school to kindergarten transitions. Much attention was focused on pre-school and early intervention, with less being directed toward high school to adult transition. This may pose problems as the child ages due to the fact that they will need interventions focused on developing life skills prior to the transition out of high school. Often, life skills are not addressed in depth in the school curriculum and what is covered may not be the appropriate life skills for the child with special needs. The nature of a child's occupations change as they transition throughout their life and associated school life , requiring the child and family to learn new skills, habits, and roles (Myers, 2006).

High School to Adult Life Transition

Children receiving services under IDEA Part C and Part B experience two major transition periods, the transition from Part C, early intervention programs, to Part B, school based programs and the transition from high school to adult life. Transition planning is defined within IDEA as:

“A results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing education, adult services, independent living, or community participation...” (602 (34)) Orentlicher, 2007, p.187).

The intent of IDEA is for students with disabilities to leave high school ready and able to obtain vocational employment, move on to higher education, and to live independently (Jackson, 2007). “...[A]cademic success of children with developmental delay is generally not the primary concern of parents, teachers, and clinicians. Rather their first concern is that their children be competent, this is, that they interact effectively in their physical and social environment” (Brockman, Morgan, and Harmon, 1998, p.267).

The transition from school to life as an adult is a developmental process includes many physical, emotional, and social changes. These changes include moving from the family home and living independently (or with assistance) in the community, enrolling in post-secondary education, forming new relationships, and also taking on new roles as a college student or worker. Students with disabilities are prepared for further education,

employment, and independent living (601 (d)) through participation in special education and other related services stipulated in IDEA (Orentlicher, 2007, p.187). Research has focused largely on early intervention and the role occupational therapists play within this setting. Occupational therapy's involvement in early intervention has been discussed and researched heavily, however literature and information regarding occupational therapy's role in the crucial transition from high school to adult life is limited.

Occupational Therapist's Role in High-School to Adult Life Transition

Transition services serve the purpose of preparing a student with disabilities for postsecondary activities such as paid employment, education, community integration and independent living upon the transition from high school to adult life (Spencer, Emery & Schneck, 2003). The focus of services then changes to community participation including the development of vocational and life skills, and support networks as the child ages (Cook Merrill & Mulligan, 2003). Transition planning at high school graduation, including the coordination of assistive technology services and rehabilitation system, were part of the Rehabilitation Act Amendments of 1992 (Baloueff & Cohn, 2003).

However, school systems do not often use the occupational therapists' skills and knowledge to the maximum capacity in transition planning. This is especially evident in the role of occupational therapists in secondary education transition planning; the transition to adult life. Kardos and Prudhomme White (2005) conducted a study to explore school-based occupational therapists knowledge of transition planning, the

extent to which they participate in assessment and intervention in transition, and also to identify potential barriers to participation. The sample consisted of 80 therapists from all geographical areas within the United States, randomly selected from the School System Special Interest Section (SSSIS). The findings of the study showed that the majority of the therapists surveyed, through the questionnaire, reported having minimal participation in secondary education, transition planning, assessment, and interventions for students with disabilities. The participants reported understanding the Individuals with Disabilities Education Act (IDEA) of 1990 and the 1997 amendments as they relate to secondary transitioning, however they were less likely to apply that understanding to the transition planning process (Kardos & Prudhomme White, 2005).

The study findings also showed that fewer than half of the participants reported performing assessments that contributed to the development of transition goals and objectives among the four transition areas, including: post-secondary education, community participation, post-secondary employment, and residential outcomes. The therapists' participation was more likely in the transition planning for students who want a post-secondary education, and in using interventions versus performing assessments. Numerous barriers to occupational therapy participation were identified by the study participants; among these, other professionals handling transition services was reported as the most common by 75% of respondents. Lack of understanding of occupational therapy's role in transition planning, and lack of funds were identified in the top three barriers (Kardos & Prudhomme White, 2005).

Occupational therapists assist in transitioning adolescents from high school to post-secondary activities. Spencer, Emery, and Schneck (2003) examined special education directors' perspectives on the current role of occupational therapy in high school transition programs for adolescents with disabilities. Based on information from 104 special education directors surveyed, it was found that occupational therapists provided less than one fifth of transition services in high school for students with disabilities. Occupational therapists provided more assistive technology consults, task or environmental modifications, and Individualized Education Plan (IEP) and Individualized Transition Plan (ITP) planning than other providers. Special education directors perceived occupational therapy services as emphasizing technology, task and environmental modifications, and IEP/ITP planning. Study findings also showed that approximately 35% of special educators suggested additional occupational therapy services were needed to work with adolescents with cognitive disabilities for job performance and related work skills programming (Spencer, et al., 2003).

Michaels and Orentlicher (2004) used two case study vignettes to illustrate the importance of person-centered treatment planning within the school system. The following suggestions for incorporating person-centered principles into occupational therapy services within the school system are based on the vignettes: increase the number and variety of community places students know and use, assist students in developing and expressing autonomy, build experiences and supports so that students can perform functional, age-appropriate, and meaningful activities, ensure that students develop valued roles and places in the community, access to the social network of

community, and ensure development of personal relationships and friendships (pp.215-216). The students that were involved in person-centered planning had more of their goals met or were working to obtain those goals, because they had input into what they wanted to achieve (Michaels & Orentlicher, 2004).

Pueschel (1988) identified areas of needs for young individuals with Down syndrome that are experiencing the transition from high school to adult life. These areas include: communication and interaction, social integration and friendship, community participation, leisure education, vocational training and employment, continuing education, and sexuality and marriage. These areas of need coincide with the American Occupational Therapy Practice Framework, 2nd edition's identified areas of occupation, including: ADL's, IADL's, education, work, leisure, and social participation (American Occupational Therapy Association, 2008).

Critical support strategies for positive transition outcomes for school to adult life transition include skills in the following areas: social skills, self management and independent living skill, time management, financial management and budgeting, health maintenance, self evaluation and monitoring, choice and decision making, legal right, benefits and community resources, vocational skills and work behaviors, and specific skills necessary for recreational activities chosen by the student.

Summary

Transitioning out of the high school is often the crucial transition for individuals with Down syndrome and their families. In the United States, colleges offer postsecondary programs for individuals with intellectual disabilities; however, this may

require students to relocate and utilize life skills independently (National Down Syndrome Society, 2009). Data from a collection of studies from the late 1980's and early 1990's of students with disabilities found that the students experience poor adjustment to adult life; lower employment rates, wages, and participation rates in post-secondary education; lack of social connection and poor quality of life upon the transition from high school to adult life (Orentlicher, 2007). This indicates a need for early preparation and life skill development focusing on areas of occupation, as defined by the *American Occupational Therapy Association Framework*, to promote independence and success. The areas of occupation include: activities of daily living (ADL's) which are needed to care for one's body, instrumental activities of daily living (IADL's) that are needed support daily life in the home and community, and social participation which are patterns of behavior that are characteristic and expected of individuals (AOTA, 2008).

There is a need for further research and programs addressing the life skills issues within this population. As the child with Down syndrome ages, the therapists' focus for treatment changes to supporting community participation, including developing vocational and life skills and support networks (Cook Merrill & Mulligan, 2003). The product of this scholarly project is a manual that is intended to be utilized by occupational therapists working in the school systems. It is designed as a guide to assist therapists in establishing an after school program to facilitate the development of life skills for adolescents with Down syndrome who are transitioning from high school to adult life. The life skills addressed are related to ADL's, IADL's, employment and social

participation which are necessary for independent living following the transition from high school to adult life.

CHAPTER III

METHODOLOGY

The product described in the following chapter is a manual that was designed for use by occupational therapists working within the school system. The protocols within the manual can be used to guide the therapist through a program that will help adolescents with Down syndrome develop life skills needed to make the transition from high school to adult life. The protocols were designed to cover four life skill areas with one area covered during each one of the four nine week grading periods of a school year; the therapist would meet with the student group on a weekly basis. The life skill areas included in the manual are: Employment, Home and Financial Management, Cooking, and Social Participation. The activity protocols include task descriptions, materials needed, and a step by step guide for the group session and activity.

The process for developing this manual began with a literature review to investigate a number of areas, including: types of Down syndrome and the associated limitations and needs, family involvement, educational programs for children with special needs and related legislation, and types of classrooms and other related programs for children with special needs. The evaluation and intervention process as it relates to determining the student's needs for access to the environment and their capability to perform within the school setting, occupational therapy's role in evaluation

and intervention, the high school to adult life transition and the role of occupational therapy in that process were also examined in the literature review.

A portion of the literature review was conducted to investigate programs designed to assist children with Down syndrome in developing life skills needed for independent living. The programs reviewed included school programs, those offered through various pediatric specialty facilities, camps for children with disabilities, and software and tools that are designed to assist children with special needs to address education. The literature review conducted utilized library databases, internet searches such as PubMed, AJOT, and OT search, educational journals, and also written scholarly works used in occupational therapy courses.

The literature review showed that there are many programs designed for developmental disabilities, children with autism and autism spectrum disorders, and other diagnoses affecting development, however, few programs were found that address Down syndrome specifically. Also, the programs were not specific to assisting children develop life skills. The lack of research available on programs to develop life skills for children with Down syndrome illustrates the need for this type of program and led to the development of *Life Skills: An After School Program For Children With Down Syndrome* for use by occupational therapists as a guide for life skills programming.

It was found that many occupational therapists work in early intervention and there is a lack of occupational therapists participating in the transition planning to adult life for adolescents with disabilities. Occupational therapists are not being used to their

maximum potential in the transition planning process to adult life that is required for adolescents with special needs.

The activities included in *Life Skills: An After School Program For Children With Down Syndrome* are modified from activities created by other authors, as well as some original activities by the developers of this manual. All the activities are focused on independent living skills, and designed for children with Down syndrome. The *American Occupational Therapy Practice Framework: Domain and Process* (American Occupational Therapy Association, 2008) was used to guide the areas of occupation addressed as important areas of occupation that are necessary for independent living.

Chapter IV

PRODUCT

This manual was designed for occupational therapists working within the school system. The protocols within this manual can be used to guide the therapist through a program that will help adolescents with Down syndrome develop life skills. The life skills areas in this manual include: Employment, Home and Financial Management, Cooking, and Social Participation. The protocols have objectives listed for each session, as well as a structured format that includes an introduction to the activity, the activity itself, as well as a time for discussion and reflection. The participants meet with the group weekly for a 90 minute session; some activities may take up to 2 hours.

Before implementing this manual, the occupational therapist must know the cognitive and language levels of the participants. The manual was designed for individuals with basic reading and writing skills. Rewording of questions, reading the text aloud, and writing out answers may be necessary to match the reading and writing levels of the students. Adaptations to activities may be necessary to match the cognitive levels of the students. A peer tutor may also be beneficial in assisting the student with activities. Brand name products are suggested in the activities; however other brands of products can be used to complete activities.

CHAPTER V

RECOMMENDATIONS

The lack of research and programs addressing life skills, and the lack of occupational therapy involvement in the transition process from high school to adult life for children with special needs, especially Down syndrome, is concerning. The focus of this project was to address both of these issues by providing occupational therapists with a guide for creating a program to assist adolescents with Down syndrome in developing life skills needed for independent living. The final product, *Life Skills: An After School Program For Children With Down Syndrome*, is broken down into four, nine week sessions that coincide with the academic curriculum. The four areas include Employment, Home and Financial Management, Cooking, and Social Participation. The areas addressed are perceived, by the authors, as important life skills needed for independent living.

Therapists may become overwhelmed with the task of developing a program designed to address life skills within certain populations. This manual serves as a guide for the development of this type of program. This manual is designed to be used with individuals with Down syndrome, but the unique thing about this manual and the protocols is that it has the potential to be used with a number of different populations if certain modifications made in order to address the unique needs of the individuals involved.

A main limitation of this project is that the product has not been implemented in a school setting, therefore has not been critiqued by occupational therapists, special education directors, teachers or school administrators. Without the input from these professionals, the effectiveness of the program cannot be determined until implementation has occurred.

Another limitation of this project is that it does not address all the areas of occupation within the *American Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2008) directly. The areas that are covered include IADL's such as home and financial management and cooking, as well as the areas of work and social participation. This manual does not include protocols related to education, play and leisure. A third limitation to this study is that the literature review was not exhaustive, but an extensive number of areas were examined.

There are certain steps that need to be taken for implementation of this project. First, initial contact would be made with occupational therapists working in the school based settings to discuss what they see as perceived benefits of this type of program for the adolescents with Down syndrome which they serve. Contact then needs to be made with special education directors and school administrators to obtain approval for this program to be implemented within their school system. In addition to making contact with occupational therapists and the individuals in the school system, we the authors could also speak with personnel in various community programs that employ occupational therapists. The community programs may be able to offer this as a program for individuals they serve as it can be modified to fit other populations.

Recommendations for the future include: additional research on existing programs designed to assist in the development of life skills for individuals with Down syndrome, research the effectiveness of this program after implementation through the use of surveys and interviews, addition of protocols with activities to address the remaining areas of occupation not covered in this manual, and the addition of more protocols to choose from in order to better serve the population.

Session I: Emergency Contacts

Task Description: Students will form a list of emergency contact numbers and local contact numbers of services within the community.

Objective: To prepare a list of emergency contact numbers and numbers for services within the community.

Expected Outcomes: The students will have the information needed in case of an emergency or a problem within their home.

Perceived Benefits: The students will know who to call in an emergency or if they are having a problem in the home.

Materials Needed:

- Emergency contact form
- Local Services form
- Pen
- Phonebook
- Internet

*****HAVE STUDENTS BRING NUMBERS FOR FAMILY MEMBER FOR EMERGENCY CONTACTS*****

Who You Gonna Call?

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

1. **Introduction:** An emergency can arise at any time, and most of the time it is unexpected. If an emergency were to arise, it is beneficial to know who to call at those times. There are also times when you may experience problems within your house such as problems with the electricity, plumbing, cable, etc. Today we are going to compile two lists of numbers that you can place by your phone when you need to contact one of these individuals.

Warm up-

- Have you ever experienced an emergency in the past?
 - What did you do?
- What types of things do you think could go wrong that you would need assistance from another individual?

2. **Activity:**

- Provide the students with one emergency contact form and one local business form.
- Instruct the students to use the phone book and internet to research different businesses within the community that provide services such as, plumbing, cable, etc.
- Instruct students on the importance of 911 and when to use the number.
- Have students fill out the emergency contact form with the numbers of parents, other relatives, doctor, etc.
- Once the forms are completed laminate the forms so they are more finalized for the students

3. **Sharing/Processing**

- What did you think of this activity?
- Is this something you can see yourself using in the future if you experience an emergency?
- Was this activity enjoyable for you?
- Do you feel comfortable using these numbers?

4. Generalizing

- What from this activity can be incorporated into your daily routine?
- Are there any other numbers or information that you would wish to have if you were living on your own?
- What other items can be prepared using the techniques learned here today?

5. Application

- Do you feel like this activity is something you can use in times of an emergency?
- From this activity, what techniques did you learn that can be applied to other activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Emergency Contacts

Mom's Name: _____

Mom's Number: _____

Dad's Name: _____

Dad's Number: _____

Additional Family Members

Name: _____

Relation: _____

Number: _____

Name: _____

Relation: _____

Number: _____

Doctor Name: _____

Doctor Number: _____

Police Department: _____

Fire Department: _____

Ambulance: _____

Local Services

Cable Company: _____

Phone Number: _____

Internet: _____

Phone Number: _____

Electricity Company: _____

Phone Number: _____

Plumbing Company: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Session II: Safety At Home

Task Description: Review safety scenario questions and pictures, as well as tips to ensure safety within the home.

Objective: To review safety scenarios and make sure that students know how to react correctly in scenarios.

Expected Outcomes: The students will gain the knowledge that is necessary to safely live independently within their home.

Perceived Benefits: The students and their families will feel comfortable with the student living on their own.

Materials Needed:

- Safety in the Home: A room-by-room guide to safety booklet

Keep it Safe

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

1. **Introduction:** There are a variety of scenarios that may arise while living independently. These scenarios can range from a simple problem of a burnt out light bulb, all the way to a complicated problem of a fire. Today we will review different scenarios that may arise and how you can deal with each of these problems.

Warm up-

- What are some issues that you think could happen while living independently?
- Have you ever experienced a scenario where you were unsure of how to react?

2. **Activity:**

- With the use of Safety in the Home: A room-by-room guide to safety booklet break the students into four groups and give them each one room in the house.
- One the students are broke up into groups, inform them that they are going to lead the class in a group discussion based on the room they have been assigned.
- Have the group lead a discussion with the class based off the safety questions they have been provided. Discuss the correct answers for each scenario.
- Provide each student with the tip sheet for each room for their personal use.

3. **Sharing/Processing**

- What did you think of this activity?
- Can you see yourself using the tips discussed today if you experienced a scenario you were uncomfortable with?
- Was this activity enjoyable for you?

4. **Generalizing**

- What about this activity can be incorporated into your daily routine?

- Can you use any of these tips at home?
- What other activities can be performed using the techniques learned here today?

5. Application

- Do you feel like the tips learned here today could be used if you experience a safety situation?
- From this activity, what techniques did you learn that could be applied to other activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Session III: Cleaning My Home

Task Description: Students will learn different cleaning tasks necessary for household maintenance.

Objective: To participate in and learn about a variety of cleaning activities

Expected Outcomes: The students will be able to correctly perform household cleaning activities.

Perceived Benefits: The students will be able to maintain a clean household, by using the cleaning tasks learned during this session.

Materials Needed:

- Broom
- Mop
- Washcloth
- Paper towels
- Dust rag
- Vacuum
- Cleaning supplies
 - Cleaning wipes
 - Pinesol
 - Pledge
 - Windex

Clean it Up!

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

1. **Introduction:** Having a clean home is important for your health and for the health of others who also live with you. A clean home helps to decrease sickness by decreasing the amount of germs in your environment. Today we are going to go over some basic cleaning tasks that will help to keep your home clean and safe from germs.

Warm up-

- Do you do any cleaning tasks at home?
- What cleaning activities do you see being performed in your home?

2. **Activity:**

- Review with the students the proper uses for the various cleaning supplies and tools.
 - Broom- used to sweep the floor
 - Mop- used to wash the floor after its been swept
 - Dust rag- used to dust furniture
 - Vacuum- used to clean carpets and rugs
 - Various cleaning supplies- review the multiple uses for each cleaning product
- Once the students are familiar with the items, set up stations that will allow them to try each of the cleaning tasks
 - Have a rug with some crumbs to allow them to practice vacuuming
 - Have a mirror or glass with finger prints to help them practice cleaning using Windex and paper towels
 - Place Cheerios or another form of cereal on the floor and allow students to sweep them up
 - Once students have swept up the Cheerios, instruct them to use the mop to mop up that portion of the floor.
 - Place crushed Cheerios or another crushed item on a portion of carpet or rug and instruct students to use vacuum

3. Sharing/Processing

- What did you think of this activity?
- Is this something you can see yourself completing in the future?
- Was this activity enjoyable for you?

4. Generalizing

- What about this activity can be incorporated into your daily routine?
- Can this be something you do at home?
- What other activities can be performed using the techniques learned here today?

5. Application

- Do you feel like you can complete one of the cleaning activities learned here today at least once per week in your home?
- From this activity what techniques did you learn that can be applied to other household activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Session IV: Washing My Laundry

Task Description: Students will gain the knowledge necessary for washing clothes

Objective: To learn the skills that are needed for washing and caring for clothing.

Expected Outcomes: Independence in washing and caring for ones clothing items.

Perceived Benefits: The students will be able to wash and sort their own laundry.

Materials Needed:

- Laundry baskets
- Articles of clothing that vary in fabrics, colors, weights, etc.
- Don't Let Laundry Get You Down worksheet
 - Korb-Khalsa, K.L., & Leutenberg, E.A. (1996). *Life management skills IV*. Beachwood, OH: Wellness Reproductions Incorporated.
- Washer and Dryer
- Laundry detergent
- Dryer sheets

It's Time to Wash Our Clothes

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

1. **Introduction:** Appearance often affects one's self esteem. Dirty, stained, or wrinkled may decrease a person's self-esteem. Having clean clothes can help to make an individual feel better about themselves. Today we are going to review the basics that are necessary for completing laundry tasks.

Warm up-

- How many of you complete your own laundry?
- What do you know about washing your own clothes?
- What do you do with your clothes when are done wearing them for the day?

2. **Activity:**

- Provide the students with Don't Let Laundry Get You Down worksheet
- As a group, review the bullets listed on the worksheet and instruct the students to chose either, *I knew this, and I do it, I knew this, but I don't do it, or I didn't know this...I'll try it!*
- Have a couple laundry baskets full of various clothing items, with different fabrics, colors, and weights.
- Have students break into groups and instruct them to sort the laundry how they believe it should be sorted.
- Review the clothing to make sure it is sorted correctly, whites, darks, delicates, etc.
- Review the correct settings for each type of laundry
- As a group, wash one load of laundry and dry the load when it has completed the wash cycle.

3. **Sharing/Processing**

- What did you think of this activity?
- Is this something you can see yourself making in the future?
- Was this activity enjoyable for you?

4. Generalizing

- What about this activity can be incorporated into your daily routine?
- Can this be something you do at home?
- What other activities can be performed using the techniques learned here today?

5. Application

- Do you feel like this activity is something you can complete one time per week at home?
- From this activity, what techniques did you learn that can be applied to other household activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Session V: Transportation

Task Description: Students will explore various forms of local transportation.

Objective: Students will be able to create a list of phone numbers and businesses that provide local transportation.

Expected Outcomes: Students will have a list that they can refer to when they need to get around the community for errands, work, or leisure activities.

Perceived Benefits: Independent community mobility for errands, work, or leisure activities.

Materials Needed:

- Phonebook
- Newspaper
- Computer with Internet access
- Form with slots for business and phone numbers
- Pen or pencil

On the Go

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

1. **Introduction:** Being able to independently get around the community is a skill that everyone hopes to acquire at some point. Having a list of various forms of transportation within your community will help you feel an increased sense of independence and will allow you to get to and from work, run errands, and participate in leisure activities.

Warm up-

- How do you currently get around within your community?
- What modes of transportation are currently familiar with?

2. **Activity:**

- Provide students with various forms of information (newspapers, phone books, internet) and ensure that they are familiar with using all of them
- Give students a blank form for them to write down the form of transportation, phone number, and any other notes about the form of transportation, such as the schedule
- Instruct the students to find and explore three different type of transportation that they can use to get around within their community.
- Once all students have three types of transportation listed, have them share with the group what they found.
- Have students write down any forms of transportation that is mentioned during the discussion that they may possibly use in the future.

3. **Sharing/Processing**

- What did you think of this activity?
- Is there a form of transportation that you found that you can see yourself using in the future?
- Was this activity enjoyable for you?

4. Generalizing

- What about this activity something that can help you with your daily routine?
- Can this be something you do within your community?
- What other information can be found using the resources we used today?

5. Application

- Do you feel like the forms of transportation that you listed will help you get around your community?
- From this activity, what techniques did you learn that could be applied to other household activities?
- Do you feel that you would be comfortable using the forms of public transportation listed?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Transportation Companies

<u>Form/Name of Transportation Company</u>	<u>Phone Number</u>	<u>Notes</u>
--	---------------------	--------------

1. _____

2. _____

3. _____

4. _____

Session VI: Shopping

Task Description: Students will learn where the best place to purchase particular items is and how to use a sale ad to find sales.

Objective: To know where to purchase items that are needed when living independently.

Expected Outcomes: The students will be able to independently shop for any items they may need.

Perceived Benefits: The students can purchase items for cooking, cleaning, and another other activities they perform.

Materials Needed:

- Advertisements from the paper
- Coupons
- Scavenger Hunt Form
- Pen and pencil

Hunting Down the Deals

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

1. **Introduction:** Maintaining a home often involves shopping for items that will help keep things going. Such as, cleaning supplies, food, toiletries, etc. It is important to know what type of store you would shop at to purchase each specific item. Today we are going to review what types of items are found at specific stores, as well as, complete a scavenger hunt through advertisements to find the best prices.

Warm up-

- Where do you typically do your shopping?
 - What types of items do you purchase there?
- List the last three items you have purchased.

2. **Activity:**

- As a group, discuss the most commonly shopped at types of stores and what is found at these stores.
 - Ex. Pharmacy, Clothing store, Grocery store, Shoe store, Auto parts store, Pet store, Sporting goods store
- After reviewing the typical items that are purchased at different stores, provide the students with various advertisements from the last week. Instruct them to perform a scavenger hunt to find the best prices for the items that are listed on the provided sheet.
- Discuss with the students the importance of making a list before going to the store to ensure they get all the items they need and do not over spend.

3. **Sharing/Processing**

- What did you think of this activity?
- Can you see yourself using advertisements in the future?
- Was this activity enjoyable for you?
- What is something you learned that you did not know before this activity?

4. Generalizing

- What about this activity can be incorporated into your daily routine?
- Can this be something you do at home?
- What other activities can be performed using the techniques learned here today?

5. Application

- Do you feel like you can use this activity at least once per week?
- What parts of this activity do you think were most beneficial to your learning?
- From this activity, what techniques did you learn that can be applied to other activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Scavenger Hunt Form

Find the best prices for the items listed below, once you find the lowest price; list the store and the cost of the item.

ITEM

STORE

PRICE

Milk

Eggs

Hamburger

12 pack of pop

Toilet Paper

Bananas

Shampoo

Bed Sheets

Sandals

Laundry Soap

Session VII: Budgeting & Paying Bills

Task Description: Students will be able to demonstrate the ability to fill out a budgeting form and understand how to read and pay bills.

Objective: Students will be able to effectively budget money and pay bills.

Expected Outcomes: Students will be able to manage their income and effectively budget their income.

Perceived Benefits: Independence in managing household expenses and income.

Materials Needed:

- Blank budgeting form
 - *Teen budget worksheet*. (2010). Retrieved from <http://printables.familyeducation.com/teen/money-management/57920.html>
- Completed budgeting form
- Pens or pencils
- Calculator

Let's Budget our Money!

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

- 1. Introduction:** It is important to understand the importance of keeping a budget, and finding the right method to keep track of income along with monthly expenses. Creating a budget will help to manage your money and help to provide a better understanding of where your money goes every month.
Warm up-
 - Do any of you currently get an allowance or money from working at a job or doing chores at home?
 - Have students explain what they believe a budget is.
- 2. Activity:**
 - Provide students with definition of budget, income, expenses, needs, and wants.
 - *Budget- A savings plan or record of actual and estimated income and expenses.*
 - *Income- money that comes in or is earned*
 - *Expenses- money that you must pay out*
 - *Needs- Basic things that people must have to survive*
 - *Wants- Things that make life more interesting and fun.*
 - Provide students with the attached budgeting form, as well as a completed version of the form.
 - Review with the students the completed version of the form.
 - Instruct and assist the students as necessary to complete the blank form.
 - If student does not have any income or bills, provide them with a made up situation and have them complete the form.
- 3. Sharing/Processing**
 - What did you think of this activity?
 - Is this something you can see yourself making in the future?
 - Was this activity enjoyable for you?

4. Generalizing

- What about this activity can be incorporated into your daily routine?
- Can this be something you do at home to help budget your money?
- What other meals can be prepared using the techniques learned here today?

5. Application

- Do you feel like this activity is something you can use weekly to budget your income and expenses?
- From this activity, what techniques did you learn that can be applied to other household activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Session VIII: Checkbook & Depositing Money

Task Description: Students will be able to fill out a check for purchases and deposit slips.

Objective: Students will be able to manage their checkbook and learn skills associated with keeping a checkbook.

Expected Outcomes: Students will be able to purchase items, pay bills, and manage finances with their checkbook, as well as being able to deposit money into their bank account.

Perceived Benefits: Independence in managing checkbook.

Materials Needed:

- Blank check worksheet
 - Mannix, D. (1995). *Life skills activities for secondary students with special needs*. West Nyack, NY: The Center for Applied Research in Education.
- Blank deposit worksheet
- Situations for checks and deposits to be written out for
- Pen or pencil

Writing a Check

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

- 1. Introduction:** Having a checkbook can help with paying bills, purchasing items at a store, and paying people money back that you may owe them. Today we will be going over the proper way to fill out a check and deposit money into the bank.

Warm up-

- Have students provide examples of when they have seen a check used?
- What do you know about balancing a checkbook?
- Have students raise their hand if they have a checking account already.

2. Activity:

- Have a large example of a check drawn on a whiteboard or chalkboard. Fill out each section of the check with the students.
- Provide the students with the sheet of blank checks, as well as four examples to fill out the checks.
- Instruct students to fill out checks, assisting as necessary.
- Have another large example of a deposit slip on a whiteboard or chalkboard. Fill out each section of the deposit slip with the students.
- Provide students with blank sheet of deposit slips, as well as four examples to help fill out the deposit slips.
- Instruct students to fill out the deposit slips, assisting as necessary.
- Discuss common questions that may be associated with managing a checkbook.
 - Why is having a checkbook convenient?
 - What types of places normally take checks?
 - What identification is sometimes necessary when writing a check?
 - What happens if you write a check and you don't have enough money in your account?

3. Sharing/Processing

- What did you think of this activity?
- Is this something you can see yourself making in the future?
- Was this activity enjoyable for you?
- What are some benefits of using a checking account?

4. Generalizing

- What about this activity can be incorporated into your daily routine?
- Can this be something you do at home?
- What other activities can be performed using the skills you learned today?

5. Application

- Do you feel like you can use your checkbook to pay for two purchases in two weeks?
- From this activity, what techniques did you learn that can be applied to other household activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

Situations for Checks

1. Write a check to Hobby Castle for \$9.93 for a model truck.
2. Write a Check to Ms. Korynta for \$17.54 for the class cupcake sale
3. Write a check to Friendly Phones for \$43.00 for a new house phone.
4. Write a check to Town Outlet Store for \$52.54 for school supplies

Situations for Deposits

1. Deposit a check for \$150.00 from Johnson Equipment on 9/30/10
2. Deposit a check for \$56.43 from Sam's Shop on 10/12/10
3. Deposit a check for \$256.98 from Social Security on 11/1/10

Session IX: Balancing Your Checkbook

Task Description: Students will be able to keep track of checks and deposits within their checkbook register.

Objective: Students will be able to manage their checkbook and learn skills associated with keeping a checkbook.

Expected Outcomes: Students will be able to keep track of purchases, deposits, and have knowledge of how much money they have in their bank account.

Perceived Benefits: Independence in managing checkbook.

Materials Needed:

- Completed check worksheet from previous week
- Completed deposit worksheet from previous week
- Blank checkbook ledger form
- Pen or pencil
- Calculator

Keep it all Balanced

Format:

Warm-up: 5 minutes
Introduce Group: 10 minutes
Instructions for activity: 5 minutes
Activity: 40 minutes
Sharing: 15 minutes
Discussion: 10 minutes
Summary: 5 minutes

Description:

- 1. Introduction:** Last week we focused on the proper way to write checks and deposit money into your bank account. Today we are going to learn how to keep track of those checks and deposits in a register. Keeping track of these items will help you have an understanding of how much money you have.

Warm up-

- What do you remember from last week about maintaining a checking account?
- Did any of you use a check to make any purchases in the last week?

- 2. Activity:**

- Review the completed check sheet and deposit slip sheet from last week. Answer any questions that the students may have before moving on to the next step.
- Review all portions of the blank checkbook ledger.
 - Number, date, description of transaction, deposit/credit, payment/debit, balance
- As a class, place one deposit into the ledger and one check into the ledger.
- Instruct students that use of a calculator is allowed to help with correct addition and subtraction
- Instruct the class to deposit and subtract the remaining three deposits and three checks from the worksheets from the previous week.
- Once completed, review the worksheet with the students to ensure there are no questions. Provide students with the correct amount that should be the result of the checkbook ledger.
- Provide the students with a sample of a bank statement that can be used to ensure that the information placed in the ledger is correct.

3. Sharing/Processing

- What did you think of this activity?
- Is this something you can see yourself making in the future?
- Was this activity enjoyable for you?
- Do you feel comfortable using a checkbook and balancing that checkbook?

4. Generalizing

- What about this activity can be incorporated into your daily routine?
- Can this be something you do at home?
- What previous knowledge did you have that helped you to be able to perform today's activities?
- What other activities can be completed using the techniques learned here today?

5. Application

- Do you feel like you can complete this activity at least two times per week?
- What are the benefits of completing this activity at the minimum of weekly?
- From this activity what techniques did you learn that can be applied to other household activities?

6. Summary

- Ask a group member to summarize the session answering the questions:
 - What did we do today?
 - What did we learn?
 - How are we going to incorporate this into our homes?
- Thank group members for their participation during session and give individual feedback to members.
- State the meeting time for the next session.

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